



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Date _____ **BEHAVIOR**

Sessions: _____ PVW _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

Specialty Camp: _____

Child's Name: _____ **D.O.B.** _____

Known Allergies: _____ NKA

Concern: I have Behaviors of _____

<ul style="list-style-type: none"> • Bring me to a quiet space so I can calm down • Talk with me calmly • Medication as ordered • Other _____

Action steps:

<ul style="list-style-type: none"> • Observe: _____ • Notify the Camp Director or Designee _____ • Notify the parent/legal guardian • Complete an accident / <i>incident</i> report PRN

<p>Additional plan for me: _____</p> <p>_____</p> <p>_____</p>

Parent Signature: _____ Date: _____

Nurse Name/Signature: _____
Date: _____



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Print Name	Signature	Date	Print Name	Signature	Date

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